

James J. Donelon, Commissioner

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## CERTIFICATION FOR FREE OR REDUCED RATES

PRINT and COMPLETE ALL information and submit with [Public Records Request Form](#).

Sign, date and submit to: Custodian of Records, Louisiana Department of Insurance  
1702 North 3rd Street, P.O. Box 94214, Baton Rouge, LA 70802-9214  
FAX: 225.342.1632

I, \_\_\_\_\_, of \_\_\_\_\_  
Name Organization/Company

\_\_\_\_\_  
Address City State Zip

( ) ( )  
Telephone Number Fax Number

\_\_\_\_\_  
E-Mail

do hereby certify **ONE OF** the following:

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☐ I am a citizen of the State of Louisiana who is indigent and lacks the means to pay \$0.25 per copy.

☐ The use of copies requested will be limited to a public purpose (including but not limited to use in a hearing before any government regulatory commission). I further certify that the information is not to be used for personal or proprietary use. I understand that if, in the future, the Louisiana Department of Insurance determines my use of these documents to be different than represented here, the Department reserves the right to recover cost for copying at the normal rate. (Local, City or Parish Government Entities may qualify for reduced fees under these criteria.)

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\_\_\_\_\_  
Signature of Requestor Date

If you have any questions please email us at [publicrecrequest@ldi.state.la.us](mailto:publicrecrequest@ldi.state.la.us).

### FOR OFFICE USE ONLY

Approved  
J. Robert Wooley, Commissioner

By: \_\_\_\_\_ Date: \_\_\_\_\_